

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90020 028 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000004037

1. Entity Name
ROLLING GREEN B CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business		Mailing Address	
1601 NE 191 ST B-310 MIAMI FL 33179		1601 NE 191 ST B-310 MIAMI FL 33179-4104	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SLAPION, MIRIAM
 1601 NE 191 ST
 B-101
 N. MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Miriam Slapion (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

DATE 2/14/2000

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

FILE NOW: FEE IS \$61.25

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, JOSE	
STREET ADDRESS	1601 NE 191 ST 414	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEISS, DORIS	
STREET ADDRESS	1601 NE 191 ST #213	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SANDLER, ESTHER	
STREET ADDRESS	1601 NE 191 ST #310	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SLAPION, MIRIAM MIRIAM	
STREET ADDRESS	1601 NE 191 ST #101	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VALESQUEZ, ANGELO	
STREET ADDRESS	1601 NE 191 ST #119	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	BOARD MEMBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNDA SHANTY	
STREET ADDRESS	1601 N.E. 191 ST # 0211	
CITY-ST-ZIP	MIAMI BEACH, FL 33179	
TITLE	BOARD MEMBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTO ALVAREZ	
STREET ADDRESS	1601 N.E. 191 ST B-113	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIRIAM SLAPION (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) President 1/19/2000 305-946-7692

Date Daytime Phone #

CR2E037 (9/99)